**Venue: Rimini, ITALY**

**Dates: 25th September – 1st of October 2015**

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| **Participant** Application Form |

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| **Personal Data** |
| **First name :** |  | **Last name :** |  |
| **Birthday:** |  | **Gender:** |  | **Nationality:** |  |
| **e-mail** |  | **Phone:** |  |
| **Passport:** |  | **Country of Residence:** |  |
| **Postal Adress:** |  | **Do you need VISA to ITALY?** |
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| **Special Needs/Language Skills** |
| **Smoker :** | Yes: [ ]  | No: [ ]  |
| **Food:** | No special requirements: [ ]  | Vegetarian: [ ]  | Other (please describe): [ ]  |
| **Medical/physical special condition (including allergies, medical intolerances, diseases, mobility, etc.):** | Nothing relevant: [ ]  | Yes (please refer Medical/physical story and special assistance and/or medication needs, or other): [ ]  |
| **Level of English:** | (1) Basic:[ ]  | (2) Medium:[ ]  | (3) Good:[ ]  | (4) Very good: [ ]   | (5) Mother-Tongue: [ ]  |
| **Any other special needs or requirements:** |  |

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| **Organisation Data** |
| **Organization name :** | Kulturno izobraževalno društvo PiNA |
| **Your Role in the Organisation (please decribe):** |  |
| **Website:** | www.pina.si | **Phone:** | 00386 05 6300 320 |
| **e-mail:** | info@pina.si |
| **Postal Address of the organization:** | Gregorčičeva 6, 6000 Koper |

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| **Personal Background, Expectations, Motivation & Follow-up** |
| **Please explain what motivates you to participate in this training course** |  |
| **Please describe your previous experience in youth work and working with NEET young people** |   |
| **Please Describe your previous experience in the field of entrepreneurship and entrepreneurial education?** |  |
| **What do you expect to learn from this training course?** |  |
| **Please explain how do you plan to use the outcomes of this training for the future development of your organisation and/or community.** |  |
| **Any other comments, questions, information or ideas that you might want to share with us** |  |

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| **Declaration** |
| **I, the undersigned, confirm the authenticity of the data I provided in this application and declare my full availability to participate on this training course in Italy.****I also confirm my permission for the publication of any photos, videos or other media gathered in the context of this project.** |
| **Date:** |  | **Place:** |  |
| **Participant Signature:** |  IZPOLNIJO SAMO IZBRANI KANDIDATI |

**Please present your application to the partner organization from your country**

**before 30th of June 2015 for the process of selection!!!**